

CERTIFICATE OF CLERK AS TO CERTIFIED
COPY

STATE OF MISSISSIPPI

COUNTY OF HANCOCK

I, Kendra Necaise, Clerk of the Circuit Court of the said County and State, hereby certify
that the foregoing pages contain a true and correct copy of the file from the Circuit Court of said
County and State in Cause number 21-0025 Styled:

JAWYAN BANKS
JAWYAN BANKS – BENEFICIARIES OF DWYAN BANKS
DWYAN BANKS – DECEASED

VS

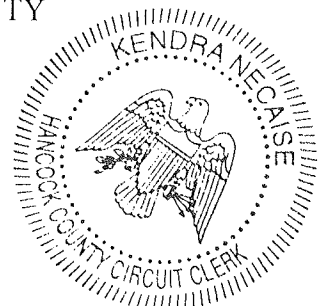
SILVER SLIPPER CASINO VENTURE LLC

as the originals of same appear of record and file in my office.

Given under my hand and official seal affixed, this the 25 day of March 2021.



KENDRA NECAISE
HANCOCK COUNTY
CIRCUIT CLERK



Mississippi Electronic Courts
Second Circuit Court District of Mississippi (Hancock Circuit Court)
CIVIL DOCKET FOR CASE #: 23CI1:21-cv-00025
Internal Use Only
Edit Case Data
Edit Case Participants

BANKS et al v. SILVER SLIPPER CASINO VENTURE LLC
Assigned to: Randi P. Mueller

Date Filed: 02/17/2021
Current Days Pending: 36
Total Case Age: 36
Jury Demand: None
Nature of Suit: 187 Premises Liability

Upcoming Settings:

None Found

Plaintiff

JAWYAN BANKS

represented by **Charles Marshall Thomas**
Huber Thomas and Marcelle
1100 Poydras Street, Suite 2200, New
Orleans, LA
NEW ORLEANS, LA 70163
504-274-2500
Fax: 504-910-0838
Email: charlie@huberthomaslaw.com
ATTORNEY TO BE NOTICED

Plaintiff

**JAWYAN BANKS - BENEFICIARIES
OF DWYAN BANKS**

represented by **Charles Marshall Thomas**
(See above for address)
ATTORNEY TO BE NOTICED

Plaintiff

DWYAN BANKS - DECEASED

















represented by **Charles Marshall Thomas**
(See above for address)
ATTORNEY TO BE NOTICED

V.

Defendant

**SILVER SLIPPER CASINO VENTURE
LLC**

represented by **J. Henry Ros**
Currie Johnson & Myers, P.A.
925 Tommy Munro Drive
Suite H
BILOXI, MS 39532
228-385-1010
Fax: 228-385-1011
Email: hros@curriejohnson.com
ATTORNEY TO BE NOTICED

Date Filed	#	Docket Text
02/17/2021	   <u>1</u> 	Civil Cover Sheet. (Shiyou, Jason) (Entered: 02/17/2021)
02/17/2021	   <u>2</u> 	COMPLAINT against SILVER SLIPPER CASINO VENTURE LLC, filed by JAWYAN BANKS, JAWYAN BANKS - BENEFICIARIES OF DWYAN BANKS, DWYAN BANKS - DECEASED. (Shiyou, Jason) (Entered: 02/17/2021)
02/17/2021	   <u>3</u> 	SUMMONS Issued TO ATTORNEY FOR PROCESS ON DEFENDANT (Shiyou, Jason) (Entered: 02/17/2021)
03/16/2021	   <u>4</u> 	SUMMONS Returned Executed by JAWYAN BANKS, JAWYAN BANKS - BENEFICIARIES OF DWYAN BANKS, DWYAN BANKS - DECEASED. Re: ** 3 SUMMONS Issued TO ATTORNEY FOR PROCESS ON DEFENDANT (Shiyou, Jason)** SILVER SLIPPER CASINO VENTURE LLC served on 3/1/2021, answer due 3/31/2021. Service type: Certified Mail (Thomas, Charles) (Entered: 03/16/2021)

Select Event

Account Transaction - Circuit
ADR Documents

Go to Event

COVER SHEET		Court Identification Docket #		Case Year	Docket Number
Civil Case Filing Form (To be completed by Attorney/Party Prior to Filing of Pleading)		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">23</div> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">CI</div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> County # Judicial District Court ID (CH, CI, CO) </div>		<div style="border: 1px solid black; padding: 2px;">2021</div>	<div style="border: 1px solid black; padding: 2px;">00025</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> </div>
Mississippi Supreme Court Administrative Office of Courts		Form ADC/01 (Rev 2020)		Local Docket ID	
		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">021</div> <div style="border: 1px solid black; padding: 2px;">721</div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Date Year </div>		Case Number if filed prior to 1/1/94	
In the CIRCUIT		Court of HANCOCK		County	Judicial District
Origin of Suit (Place an "X" in one box only) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> Initial Filing</div> <div style="width: 50%;"><input type="checkbox"/> Reinstated</div> <div style="width: 50%;"><input type="checkbox"/> Foreign Judgment Enrolled</div> <div style="width: 50%;"><input type="checkbox"/> Transfer from Other court</div> <div style="width: 50%;"><input type="checkbox"/> Other</div> <div style="width: 50%;"><input type="checkbox"/> Remanded</div> <div style="width: 50%;"><input type="checkbox"/> Reopened</div> <div style="width: 50%;"><input type="checkbox"/> Joining Suit/Action</div> <div style="width: 50%;"><input type="checkbox"/> Appeal</div> </div>					
Plaintiff - Party(ies) Initially Bringing Suit Should Be Entered First - Enter Additional Plaintiffs on Separate Form					
Individual Banks Jawyan <div style="display: flex; justify-content: space-between; font-size: small;"> Last Name First Name Maiden Name, if applicable M.I. Jr/Sr/III/IV </div>					
<input type="checkbox"/> Check (x) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: Estate of _____ <input type="checkbox"/> Check (x) if Individual Plaintiff is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity D/B/A or Agency _____					
Business					
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated					
<input type="checkbox"/> Check (x) if Business Plaintiff is filing suit in the name of an entity other than the above, and enter below: D/B/A _____					
Address of Plaintiff _____					
Attorney (Name & Address) Charles M. Thomas, 1100 Poydras St. Suite 2200, New Orleans, LA 70163 MS Bar No. 104049 <input type="checkbox"/> Check (x) if Individual Filing Initial Pleading is NOT an attorney Signature of Individual Filing: _____					
Defendant - Name of Defendant - Enter Additional Defendants on Separate Form					
Individual <div style="display: flex; justify-content: space-between; font-size: small;"> Last Name First Name Maiden Name, if applicable M.I. Jr/Sr/III/IV </div>					
<input type="checkbox"/> Check (x) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: Estate of _____ <input type="checkbox"/> Check (x) if Individual Defendant is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity: D/B/A or Agency _____					
Business Silver Slipper Casino Venture, LLC, a Delaware corporation					
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated					
<input type="checkbox"/> Check (x) if Business Defendant is acting in the name of an entity other than the above, and enter below: D/B/A _____					
Attorney (Name & Address) - If Known _____ MS Bar No. _____					
<input type="checkbox"/> Check (x) if child support is contemplated as an issue in this suit.* <small>*If checked, please submit completed Child Support Information Sheet with this Cover Sheet</small>					
Nature of Suit (Place an "X" in one box only)					
Domestic Relations <input type="checkbox"/> Child Custody/Visitation <input type="checkbox"/> Child Support <input type="checkbox"/> Contempt <input type="checkbox"/> Divorce: Fault <input type="checkbox"/> Divorce: Irreconcilable Diff. <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Emancipation <input type="checkbox"/> Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Property Division <input type="checkbox"/> Separate Maintenance <input type="checkbox"/> Term. of Parental Rights-Chancery <input type="checkbox"/> UIFSA (eff 7/1/97; formerly URESA) <input type="checkbox"/> Other _____		Business/Commercial <input type="checkbox"/> Accounting (business) <input type="checkbox"/> Business Dissolution <input type="checkbox"/> Debt Collection <input type="checkbox"/> Employment <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Replevin <input type="checkbox"/> Other _____ Probate <input type="checkbox"/> Accounting (Probate) <input type="checkbox"/> Birth Certificate Correction <input type="checkbox"/> Mental Health Commitment <input type="checkbox"/> Conservatorship <input type="checkbox"/> Guardianship <input type="checkbox"/> Joint Conservatorship & Guardianship <input type="checkbox"/> Heirship <input type="checkbox"/> Intestate Estate <input type="checkbox"/> Minor's Settlement <input type="checkbox"/> Muniment of Title <input type="checkbox"/> Name Change <input type="checkbox"/> Testate Estate <input type="checkbox"/> Will Contest		<input type="checkbox"/> Alcohol/Drug Commitment (Probate) <input type="checkbox"/> Other _____ Children/Minors - Non-Domestic <input type="checkbox"/> Adoption - Contested <input type="checkbox"/> Adoption - Uncontested <input type="checkbox"/> Consent to Abortion <input type="checkbox"/> Minor Removal of Minority <input type="checkbox"/> Other _____ Civil Rights <input type="checkbox"/> Elections <input type="checkbox"/> Expungement <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Post Conviction Relief/Prisoner <input type="checkbox"/> Other _____ Contract <input type="checkbox"/> Breach of Contract <input type="checkbox"/> Installment Contract <input type="checkbox"/> Insurance <input type="checkbox"/> Specific Performance <input type="checkbox"/> Other _____ Statutes/Rules <input type="checkbox"/> Bond Validation <input type="checkbox"/> Civil Forfeiture <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Injunction or Restraining Order <input type="checkbox"/> Other _____	
Appeals <input type="checkbox"/> Administrative Agency <input type="checkbox"/> County Court <input type="checkbox"/> Hardship Petition (Driver License) <input type="checkbox"/> Justice Court <input type="checkbox"/> MS Dept Employment Security <input type="checkbox"/> Municipal Court <input type="checkbox"/> Other _____		Real Property <input type="checkbox"/> Adverse Possession <input type="checkbox"/> Ejectment <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Eviction <input type="checkbox"/> Judicial Foreclosure <input type="checkbox"/> Lien Assertion <input type="checkbox"/> Partition <input type="checkbox"/> Tax Sale: Confirm/Cancel <input type="checkbox"/> Title Boundary or Easement <input type="checkbox"/> Other _____ Torts <input type="checkbox"/> Bad Faith <input type="checkbox"/> Fraud <input type="checkbox"/> Intentional Tort <input type="checkbox"/> Loss of Consortium <input type="checkbox"/> Malpractice - Legal <input type="checkbox"/> Malpractice - Medical <input type="checkbox"/> Mass Tort <input type="checkbox"/> Negligence - General <input type="checkbox"/> Negligence - Motor Vehicle <input checked="" type="checkbox"/> Premises Liability <input type="checkbox"/> Product Liability <input type="checkbox"/> Subrogation <input checked="" type="checkbox"/> Wrongful Death			

PLAINTIFFS IN REFERENCED CAUSE - Page 1 of ____ Plaintiffs Pages
IN ADDITION TO PLAINTIFF SHOWN ON CIVIL CASE FILING FORM COVER SHEET

IN THE CIRCUIT COURT OF HANCOCK COUNTY, MISSISSIPPI
JUDICIAL DISTRICT, CITY OF

Docket No. _____
File Yr Chronological No. Clerk's Local ID

Docket No. If Filed
 Prior to 1/1/94 _____

**PLAINTIFFS IN REFERENCED CAUSE - Page ___ of ___ Plaintiffs Pages
 IN ADDITION TO PLAINTIFF SHOWN ON CIVIL CASE FILING FORM COVER SHEET**

Plaintiff # ___ :

Individual: _____
Last Name First Name (Maiden Name, if Applicable) Middle Init. Jr/Sr/III/IV

___ Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

___ Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A _____

Business _____
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

___ Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS PLAINTIFF: _____ Bar # or Name: _____ Pro Hac Vice (✓) ___ Not an Attorney(✓) ___

Plaintiff # ___ :

Individual: _____
Last Name First Name (Maiden Name, if Applicable) Middle Init. Jr/Sr/III/IV

___ Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

___ Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A _____

Business _____
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

___ Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS PLAINTIFF: _____ Bar # or Name: _____ Pro Hac Vice (✓) ___ Not an Attorney(✓) ___

Plaintiff # ___ :

Individual: _____
Last Name First Name (Maiden Name, if Applicable) Middle Init. Jr/Sr/III/IV

___ Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

___ Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A _____

Business _____
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

___ Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS PLAINTIFF: _____ Bar # or Name: _____ Pro Hac Vice (✓) ___ Not an Attorney(✓) ___

IN THE CIRCUIT COURT OF HANCOCK COUNTY, MISSISSIPPI
JUDICIAL DISTRICT, CITY OF

Docket No. _____
File Yr Chronological No. Clerk's Local ID

Docket No. If Filed
 Prior to 1/1/94 _____

**DEFENDANTS IN REFERENCED CAUSE - Page 1 of ____ Defendants Pages
 IN ADDITION TO DEFENDANT SHOWN ON CIVIL CASE FILING FORM COVER SHEET**

Defendant #2:

Individual: _____
Last Name First Name (Maiden Name, if Applicable) Middle Init. Jr/Sr/III/IV

____ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

____ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A _____

Business _____
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

____ Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ Pro Hac Vice (✓) _____ Not an Attorney(✓) _____

Defendant #3:

Individual: _____
Last Name First Name (Maiden Name, if Applicable) Middle Init. Jr/Sr/III/IV

____ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

____ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A _____

Business _____
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

____ Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ Pro Hac Vice (✓) _____ Not an Attorney(✓) _____

Defendant #4:

Individual: _____
Last Name First Name (Maiden Name, if Applicable) Middle Init. Jr/Sr/III/IV

____ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

____ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A _____

Business _____
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

____ Check (✓) if Business Defendant is being sued in the name of an entity other than the above, and enter below:

D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ Pro Hac Vice (✓) _____ Not an Attorney(✓) _____

IN THE CIRCUIT COURT OF HANCOCK COUNTY, MISSISSIPPI
JUDICIAL DISTRICT, CITY OF

Docket No. _____ Docket No. If Filed
File Yr Chronological No. Clerk's Local ID Prior to 1/1/94

**DEFENDANTS IN REFERENCED CAUSE - Page ____ of ____ Defendants Pages
 IN ADDITION TO DEFENDANT SHOWN ON CIVIL CASE FILING FORM COVER SHEET**

Defendant # ____ :

Individual: _____
Last Name First Name (Maiden Name, if Applicable) Middle Init. Jr/Sr/III/IV

____ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

____ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A _____

Business _____
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

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D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ Pro Hac Vice (✓) _____ Not an Attorney(✓) _____

Defendant # ____ :

Individual: _____
Last Name First Name (Maiden Name, if Applicable) Middle Init. Jr/Sr/III/IV

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Estate of _____

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D/B/A _____

Business _____
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

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D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ Pro Hac Vice (✓) _____ Not an Attorney(✓) _____

Defendant # ____ :

Individual: _____
Last Name First Name (Maiden Name, if Applicable) Middle Init. Jr/Sr/III/IV

____ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

____ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A _____

Business _____
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

____ Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ Pro Hac Vice (✓) _____ Not an Attorney(✓) _____

CHILD SUPPORT INFORMATION SHEET

Please include all information known

IN THE CIRCUIT COURT OF HANCOCK COUNTY, MISSISSIPPI

JUDICIAL DISTRICT, CITY OF

Docket No. _____ Docket No. If Filed
 File Yr Chronological No. Clerk's Local ID Prior to 1/1/94 _____

Father: _____
 Last First M/I Jr/Sr etc. Date of Birth Social Security #

Address: _____
 Phone # Drivers License #

Employer Name and Address: _____
 Employer Phone #

Mother: _____
 Last First M/I Jr/Sr etc. Date of Birth Social Security #

Address: _____
 Phone # Drivers License #

Employer Name and Address: _____
 Employer Phone #

Child: _____
 Last First M/I Jr/Sr etc. Date of Birth Social Security #

Address: _____
 Phone #

Child: _____
 Last First M/I Jr/Sr etc. Date of Birth Social Security #

Address: _____
 Phone #

Child: _____
 Last First M/I Jr/Sr etc. Date of Birth Social Security #

Address: _____
 Phone #

Child: _____
 Last First M/I Jr/Sr etc. Date of Birth Social Security #

Address: _____
 Phone #

FOR ADDITIONAL CHILDREN, PLEASE ATTACH ADDITIONAL FORMS

MANDATED PURSUANT TO:

Federal Social Security Act Title IV-D,
 §§ 454(26)(A) and 454A(e)(4);
 Miss. Code Ann. §43-19-31(l)(iii) (Supp. 1999)

Information will be sent to the
 ADMINISTRATIVE OFFICE OF COURTS AND
 MDHS CHILD SUPPORT ENFORCEMENT DIVISION

Stephen M. Huber
Charlie M. Thomas⁸
Brian P. Marcello
Logan E. Schonckas
M. Elizabeth ("Liz") Schonckas
Jacques C. Mestayer
Alex T. Robertson

HUBER
THOMAS
& MARCELLE

Of Counsel
James H. Minge
t 504 525 5555

Fred A. Ofinde
t 505 605 0262

⁸also admitted in TX, MS & Washington D.C.

February 11, 2021

Via Fedex No.: 7728-9189-2898

Hancock County Circuit Court Clerk
152 Main Street, Suite B
Bay St. Louis, MS 39520

RE: Jawyan Banks, et al. vs. Silver Slipper Casino Venture, LLC

Dear Clerk:

Enclosed please find a Complaint for Damages for filing in the above referenced matter. I have also enclosed two copies of the Complaint with attached Summons to be returned to my office. I have enclosed a stamped, self-addressed envelope as per your request.

Also enclosed is the Civil Cover Sheet, as well as my check in the amount of \$161.00 to the Clerk for the filing fee.

If there is any additional information that you need, please do not hesitate to contact me.

With my kindest regard, I remain

Sincerely,



Charles M. Thomas

CMT/vmb
Enclosures

FILED

FEE BILL, CIVIL CASES, CIRCUIT COURT

State of Mississippi
Hancock County

JAWYAN BANKS VS SLIVER SLIPPER CASINO

Case # 21-0025 Acct # Paid By CHECK 317670 Rct# 34262

CLERK'S FEES	85.00
JURY TAX	3.00
COURT REPORTERS FEE	10.00
LAW LIBRARY	2.50
COURT ADMINISTRATOR	2.00
STATE CT ED FUND	2.00
COURT CONSTITUENTS	.50
ELECTRONIC COURT	10.00
LEGAL ASSISTANCE	5.00
JUDICIAL FUND-JUDGE RAISE	40.00
ARCHIVE FEE	1.00

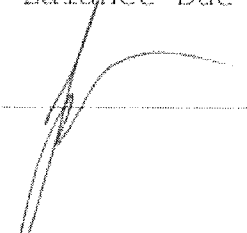
=====
Total \$ 161.00

Payment received from HUBLER THOMAS & MARCELLE
1100 POYDRAS STREET

NEW ORLEANS LA 70163

Transaction 49004 Received 2/17/2021 at 14:46 Drawer 1 I.D. JASON

Current Balance Due \$0.00 Receipt Amount \$ 161.00

By  D.C. KENDRA NECAISE, Circuit Clerk

Case # 21-0025 Acct # Paid By CHECK 317670 Rct# 34262

IN THE CIRCUIT COURT OF HANCOCK COUNTY, MISSISSIPPI

JAWYAN BANKS, INDIVIDUALLY AND
ON BEHALF OF ALL WRONGFUL
DEATH BENEFICIARIES OF DWYAN
BANKS, DECEASED

Plaintiff

CIVIL ACTION NO. 21-0025

v.

SILVER SLIPPER CASINO VENTURE,
L.L.C.

Defendant

FILED

FEB 17 2021

RECEIVED
CIRCUIT CLERK HANCOCK CO. MS.
BY [Signature]

COMPLAINT FOR DAMAGES

JURY TRIAL REQUESTED

COMES NOW Plaintiff, Jawyan Banks and pursuant to Miss. Code. Ann. § 11-7-13 (1972) on behalf of all Wrongful Death Beneficiaries of, Dwyan Banks, Deceased, in the above styled and numbered cause, by and through his attorney of record, and files her Complaint against the Defendant, Silver Slipper Casino Venture, L.L.C. and in support of said claim for relief would show unto this Honorable Court the following facts, to-wit:

I.

At all times relevant hereto and up until the time of his death, decedent Dwyan Banks was an adult resident citizen of Louisiana. Plaintiff, Jawyan Banks, a resident of Louisiana who is acting herein individually and as the representative of the decedent Dwyan Banks, and on behalf of all wrongful death beneficiaries of the decedent, Dwyan Banks.

II.

That the Defendant, Silver Slipper Casino Venture, L.L.C. (hereinafter "Silver Slipper Casino"), is a Delaware corporation, authorized to do business in the State of Mississippi, and may

be served through its agent for service of process, Business Filings International, Inc., 645 Lakeland East Dr., Suite 101, Flowood, MS 39232.

III.

On or about February 13, 2018, Decedent, Dwyane Banks was an invited guest at the Silver Slipper Casino, located at municipal address 5000 S Beach Blvd, Bay St Louis, MS 39520. Silver Slipper Casino Venture, L.L.C. owned, operated, and had custody over the premises of Silver Slipper Casino at all relevant times.

IV.

While eating in the casino restaurant, Decedent, Dwyane Banks, slipped and fell on a slippery substance on the floor near the buffet. As a result of this fall, Mr. Banks suffered serious injuries.

V.

As a direct result of the above-described incident, Decedent, Dwyane Banks, experienced significant pain and was prescribed opioid painkillers for treatment of pain related to his injuries. Mr. Banks developed a dependence on these drugs, through the course of his treatment. Ultimately, this resulted in his death.

VI.

At all relevant times, Silver Slipper Casino either created, knew, or in the exercise of reasonable care should have known, of the ruin, vice, or defect that caused Mr. Banks' injuries. Additionally, Mr. Banks' injuries could have been prevented by the exercise of reasonable care, which the Silver Slipper Casino failed to exercise.

VII.

The injuries and damages sustained by Decedent, Dwyan Banks, prior to his death, were caused by the negligent acts of omission and/or commission on the part of the Silver Slipper Casino, including but not limited to:

- a. Failing to keep its premises in a reasonably safe condition;
- b. Failing to use reasonable effort to keep the premises free of the unreasonably dangerous conditions that gave rise to the subject damages;
- c. Failing to prevent its patron from suffering harm on the property;
- d. Failing to warn its patron of the dangerous condition existing on the property;
- e. Failing to use reasonable care to keep the property free of hazardous conditions;
- f. Failing to properly inspect the property;
- g. Failing to provide a safe environment to customers;
- h. Failing to warn its patron of the property's unreasonable risks of harm due;
- i. Failing to implement proper procedures to maintain a safe environment for customers and/or patrons;
- j. Failing to implement a proper plan to inspect and remove hazards and unreasonable dangerous conditions;
- k. Failing to provide a hazard free-environment for its patron on the property;
- l. Failing to remedy unreasonably dangerous hazards that Defendant had actual knowledge or constructive knowledge thereof;
- m. Failing to comply with applicable building codes and regulations under local, state, and federal law, including but not limited to OSHA standards; and

- n. Such other acts and omissions as will be shown in the trial, all of which were in contravention to the exercise of due care, prudence and the laws of the state of Mississippi, which are specifically pleaded herein as though copied in *extenso*.

VIII.

Defendant is liable unto Plaintiff jointly, severally and *in solido* for the damages that Dwyan Banks sustained as a result of the incident at issue.

IX.

Specifically, Plaintiff itemizes the damages which Decedent, Dwyan Banks, suffered that were proximately caused by the above described negligence and/or intentional acts of Defendant as follows:

- a. Past physical pain, suffering, and discomfort;
- b. Past mental anguish, aggravation, and annoyance;
- c. Future physical pain, suffering, and discomfort;
- d. Future mental anguish, aggravation, and annoyance;
- e. Past medical expenses;
- f. Past lost wages;
- g. Future lost wages;
- h. Property damage;
- i. Loss of enjoyment of life;
- j. Disability from working to earn an income;
- k. Destruction of earning capacity; and
- l. Disability from engaging in recreation

m. The wrongful death beneficiary of the decedent, Mr. Dwyan Banks, has likewise suffered the loss of love, affection, companionship, and society of Mr. Dwyan Banks, and are further entitled to recover for the "human value of life," or "hedonic damages."

X.

Plaintiff further specifically pleads that the doctrine of *res ipsa loquitur* in that the accident and injuries and damages would not have occurred in the absence of the negligence and/or intentional acts of Defendant.

XI.

Plaintiff additionally specifically pleads the doctrine of *respondeat superior* regarding the Silver Slipper Casino.

WHEREFORE, PREMISES CONSIDERED, Plaintiff JAWYAN BANKS, INDIVIDUALLY AND ON BEHALF OF ALL WRONGFUL DEATH BENEFICIARIES OF DWYAN BANKS, DECEASED hereby sues and demands judgment of and from the Defendant, both jointly and severally, in amount within the jurisdictional limits of this Honorable Court, together with pre- and post-judgment interest, punitive damages and costs.

HUBER THOMAS & MARCELLE



CHARLES M. THOMAS, MS BAR NO. 104049
1100 Poydras Street, Suite 2200
New Orleans, LA 70163
Telephone: (504) 274-2500
Facsimile: (504) 910-0838
charlie@huberthomaslaw.com
ATTORNEY FOR PLAINTIFF

SERVICE INSTRUCTIONS ON NEXT PAGE

IN THE CIRCUIT COURT OF HANCOCK COUNTY, MISSISSIPPI

JAWYAN BANKS, INDIVIDUALLY AND
ON BEHALF OF ALL WRONGFUL
DEATH BENEFICIARIES OF DWYAN
BANKS, DECEASED
Plaintiff

CIVIL ACTION NO. 21-0025

V.

SILVER SLIPPER CASINO VENTURE,
L.L.C.
Defendant

SUMMONS

TO: Silver Slipper Casino Venture, L.L.C.
through its registered agent
Business Filings International, Inc.
645 Lakeland East Dr., Suite 101
Flowood, MS 39232

Notice to Defendant, Silver Slipper Casino Venture, L.L.C.:


This Complaint that is attached to this Summons is important and you must take immediate action to protect your rights. You are required to mail or hand deliver a copy of a written response to the Complaint to Charles M. Thomas, Attorney for Plaintiff, Huber, Slack, Thomas & Marcelle, 1100 Poydras Street, Suite 2200, New Orleans, LA 70163. Your response must be mailed or delivered within 30 days from the date of delivery of this Summons and Complaint or a Judgment by default will be entered against you for the money or other things demanded in the Complaint.


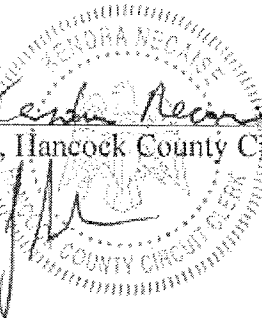
You must also file the original of your response with the Clerk of this Court within a reasonable time after served.

Issued under my hand and seal of this Court on this 17 day of February, 2021.

CIRCUIT CLERK HANCOCK COUNTY MISSISSIPPI

By:


Clerk, Hancock County Circuit Court

IN THE CIRCUIT COURT OF HANCOCK COUNTY, MISSISSIPPI

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PROOF OF SERVICE

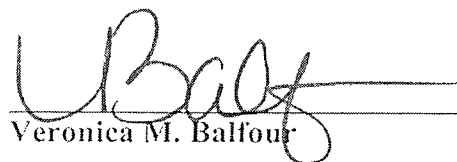
STATE OF LOUISIANA

PARISH OF ORLEANS


BEFORE ME, the undersigned authority, personally came and appeared:

VERONICA M. BALFOUR

who, after being first duly sworn, did depose and say that on the 1st day of March, 2021, she served a certified copy of the Petition for Damages in this action pursuant to Mississippi Rule Civil Procedure 4 (c)(3), by mailing the same to Silver Slipper Casino Venture through its registered agent, Business Filings International, Inc., 645 Lakeland East Dr., Suite 101, Flowood, MS. 39232 via certified mail, return receipt requested, the same having been received as appears from Certified Receipt No. 7012 2210 0000 7220 7287, attached hereto. This statement is made upon appearer's best information, knowledge and belief.


Veronica M. Balfour

SWORN TO AND SUBSCRIBED
BEFORE ME, THIS 9TH DAY OF
March, 2021.


Charles M. Thomas
Notary Public, Bar No. 31989
State of Louisiana
NOTARY PUBLIC My Commission is issued for Life

Jawan Banks et al.

ENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

ver Slipper Casino Venture
ough its registered agent
siness Filings International, Inc.
5 Lakeland East Dr., Suite 101
owood, MS 39232



9590 9402 5314 9154 8811 86

23C11-21-cv-00025 Document

Article Number (Transfer from service label)

7012 2210 0000 7220 7287

Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No**3. Service Type**

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Insured Mail
☐ Mail Restricted Delivery
☐ Priority Mail Express®
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☐ Return Receipt for Merchandise
☐ Signature Confirmation
☐ Signature Restricted Delivery

Domestic Return Receipt

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First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Huber, Thomas & Marcelle
1100 Poydras St., Ste 2200
New Orleans, LA 70163

CMT - Banks Dwyer

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box*

Document # 4 Filed: 03/16/2021 Page 4 of 1

USPS Tracking®

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✓ Delivered to Agent

March 1, 2021 at 12:38 pm
Delivered to Agent for Final Delivery
FLOWOOD, MS 39232

[Feedback](#)

Text & Email Updates



Tracking History



March 1, 2021, 12:38 pm

Delivered to Agent for Final Delivery
FLOWOOD, MS 39232

Your item has been delivered to an agent for final delivery in FLOWOOD, MS 39232 on March 1, 2021 at 12:38 pm.

February 28, 2021, 9:39 pm

Departed USPS Regional Facility
JACKSON MS DISTRIBUTION CENTER

February 28, 2021

In Transit to Next Facility

February 27, 2021, 3:02 pm

Arrived at USPS Regional Facility

JACKSON MS DISTRIBUTION CENTER

February 27, 2021, 12:22 am

Departed USPS Regional Facility

NEW ORLEANS LA DISTRIBUTION CENTER

February 26, 2021, 10:23 pm

Arrived at USPS Regional Facility

NEW ORLEANS LA DISTRIBUTION CENTER

Product Information



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FAQs

IN THE CIRCUIT COURT OF HANCOCK COUNTY, MISSISSIPPI

JAWYAN BANKS, INDIVIDUALLY AND
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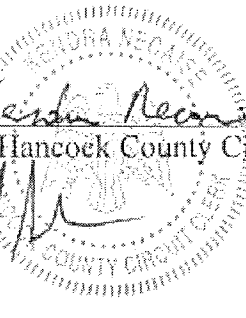
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Issued under my hand and seal of this Court on this 17 day of February, 2021.

CIRCUIT CLERK HANCOCK COUNTY MISSISSIPPI

By:


Clerk, Hancock County Circuit Court

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